		Services Group on A. Salem	■ Ei	Employee Reimbursement Form						1	of	
Employee ID # Employee or Contractor Title Chemist III			or Contractor Title	Bargaining Unit		Appropriation 80000106			Unit 2530		Object B02	
			emist III									
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Document Total:\$ Reconciliation Date:			Reconciliation Date:	Schodule		Boy Data:			2013		2013	
Document	(IU(a).		Reconciliation Date:		Schedule I	•••••				13		13
······································				Odometer I		Auto Mileage				I	Other	Total
Date		Descript	ion	Beginning	Ending	Total Miles	Amount	Meals	Fares	Hotel	Expenses	8
07/18/12	Amherst/Jai	nerst/Jamaica Plain Round Trip for drug samples			58984	220	\$ 99.00					\$ 99.00
08/24/12	Amherst/Fra	amingham Round	Trip for HR Orientation	60233	60416	183	\$ 82.35	***************************************				\$ 82.35
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									0.	01	Total	\$ 181.35
			per the penalty of perjury that the less and regulations/pertaining to			true and correct Employee's			the the derion	kande ot my	official duties	
Supervisor's Approval:					Title:	46	Superly	ISM "	<u> </u>	Date:	8/20	112
Fiscal Verification					Title			**************************************		Date	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Fiscal Approval:					Title					Date		